FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	
Name Beutull	Date 1/28/8-	Type of Operation(s) Food Service Retail	Type of Inspection Routine Re-Inspection
Address	Leval	Residential Kitchen	Previous Inspection
Telephone		Mobile	Date:
Owner	HACCP Y/N	☐ Temporary ☐ Caterer	Pre-operation Suspect Illness
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint
Inspector Snexunewnaux	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the na	1		
violated.			Non-compliance with
Violations Related to Foodborne Illness Interventions an Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	nd Risk Factor require immed	late corrective 590.009 (king Tobacco E)
FOOD PROTECTION MANAGEMENT	[] 12. Pre	vention of Contamination from	' ' -
1. PIC Assigned / Knowledgeable / Duties		dwash Facilities	
EMPLOYEE HEALTH		N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. App	roved Food or Color Additive	es
3. Personnel with Infections Restricted / Excluded		c Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS (Potent	ially Hazardous Foods)
4. Food and Water from Approved Source		king Temperatures	,
5. Receiving / Condition	☐ 17. Reh	* *	
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo	_	
7. Conformance with Approved Procedures / HACCP Plans		and Cold Holding	
PROTECTION FROM CONTAMINATION		as a Public Health Control	
B. Separation / Segregation / Protection		NTS FOR HIGHLY SUSCEPTIA	BLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		d and Food Preparation for I	• •
☐ 10. Proper Adequate Handwashing	CONSUMER	•	
11. Good Hygienic Practices	☐ 22. Pos	ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005) 26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008) 29. Special Requirements (590,009) 30. Other	To Foodbe and Risk I Official Or today, the in 590.000/Fe by a Board order of the cited in this the food establishm have a right and submit within 10 d	f Violated Provisions Reprine Illnesses Intervent Factors (Red Items 1-22) der for Correction: Base tems checked indicate violated Food Code. This rest of Health member or its a Board of Health. Failures report may result in suspend properations. If aggrievent to a hearing. Your required to the Board of Healt ays of receipt of this order BE-INSPECTION:	ions ed on an inspection olations of 105 CMR eport, when signed below agent constitutes and to correct violations pension or revocation of essation of food ed by this order, you est must be in writing hat the above address
Lemostonic Circulation (CI) (A) (CI) (A			
Inspector's Signature: Print:			1 /)
PIC's Signature: Print:			Page of Pages

Discussion With Person in Charge: ltem No. **Establishment Name:** Reference Code C - Critical Item R - Red Item TOWN OR CITY OF. Mark Control DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY Date:_ ø Corrective Action Required: Voluntary Disposal Re-inspection Scheduled Voluntary Compliance Embargo Page: ۵ N_o Other: Emergency Closure **Emergency Suspension** Employee Restriction / Exclusion of 2 Yes Date Verified

EOOD EST	ADIICHAAENIT INI	CDECTION DE	DODT	/	of Health
Name	ABLISHMENT IN	SPECITON KE	Date	Type of Operation(s)	Type of Inspection
	Boutwell	1	5-7-19	Pood Service	Routine
Address			Risk	Retail	☐ Re-Inspection
Telephone			_ Level	Residential Kitchen Mobile	Previous inspection Date:
Owner			HACCP Y/N	Temporary	☐ Pre-operation
Person In Charge ((PIC)		Time	│	☐ Suspect Illness ☐ General Complaint
Inspector	11100	27)	In:		☐ HACCP
		Sharl	Out:	Permit No.	Other
Each violation (checked requires an ex	planation on the na	irrative page(s) and a citation of spec	• • •
Violations Rela	ated to Foodborne Illne	ss Interventions ar	d Risk Factors	s (Red Items) Anti-Che	Non-compliance with. oking Tobacco
Violations mark	ked may pose an imminer mined by the Board of He	nt health hazard and	require immed	iate corrective 590.009	(E) 590.009 (F) Local Law
FOOD PROTECTIO	ON MANAGEMENT		E7 40 5	•	ness 590,009 (G)
	ned / Knowledgeable / Duties	i	^	vention of Contamination fro	om Hands
EMPLOYEE HEAL	тн		\	dwash Facilitles	
2. Reporting	of Diseases by Food Employ	ee and PIC		N FROM CHEMICALS	
3. Personnel	with Infections Restricted / E	xcluded		roved Food or Color Additiv	es
FOOD FROM APPI	ROVED SOURCE			c Chemicals	
4. Food and	Water from Approved Source			RATURE CONTROLS (Poten	tially Hazardous Foods)
5. Receiving	/ Condition		_	king Temperatures	
☐ 6. Tags / Rec	ords / Accuracy of Ingredien	Statements	∐ 17. Reh	-	
7. Conforman	nce with Approved Procedure	s / HACCP Plans	☐ 18. Coo	air.	
PROTECTION FRO	OM CONTAMINATION			and Cold Holding	
☐ 8. Separation	/ Segregation / Protection			e as a Public Health Contro	
9. Food Conta	act Surfaces Cleaning and S	anitizing		NTS FOR HIGHLY SUSCEPTI	, ,
☐ 10. Proper Ad	dequate Handwashing	J		d and Food Preparation for	HSP
11. Good Hyg	jienic Practices		CONSUMER	ADVISORY ting of Consumer Advisories	
			LJ 22. FUSI	ang of Consumer Advisories	,
	led to Good Retail Pract			f Violated Provisions F	
	C) vlolations marked must ithin 10 days as determin			orne Illnesses Interven Factors (Red Items 1-2)	
of Health. Ñon-cr	itical (N) violations must i	pe corrected		der for Correction: Bas	
mmedlately or wi of Health.	ithin 90 days as determin	ed by the Board	today, the i	tems checked indicate v	olations of 105 CMR
C N				ederal Food Code. This r of Health member or Its	eport, when signed below
23. Ma	anagement and Personnel	(FC-2)(590.003)	_	Board of Health. Fallur	•
	od and Food Protection	(FC-3)(590.004)			spension or revocation of
	juipment and Utensils ater, Plumbing and Waste	(FC-4)(590.005) (FC-5)(590.006)		stablishment permit and	
	ysical Facility	(FC-6)(590.007)	have a righ	ent operations. If aggriev It to a hearing. Your requ	rea by this order, you lest must be in writing
	isonous or Toxic Materials		and submit	ted to the Board of Heal	th at the above address
29. Sp 30. Otl	ecial Requirements her	(590.009)		ays of receipt of this ord	e r .
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DAIL OF F	RE-INSPECTION:	
		···	- 0.	Problems and the control of the cont	
Inspector's Signa	ture: Xholmannu	W Print:	Shelly	lewhan	1
DIC's Signatures	AT A STATE OF THE	O O Dutus	- ,	- marine	1 2 / / / / / / / / / / / / / / / / / /

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TOWN OR CITY OF CONVINCENT

Date Verified Page: __ DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY Date: 12 とのかか Discussion With Person in Charge: C - Critical Item Establishment Name:_ Code Reference Item No. 3

Form 734 B A.M. Sulkin Co., Charlestown, MA

Employee Restriction / Exclusion Emergency Suspension

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■ Voluntary Compliance

Re-inspection Scheduled

Emergency Closure

Embargo

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Other:

Voluntary Disposal

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Corrective Action Required:

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	or nearth
Name Lich School	Date // 30 f	Type of Operation(s) Food Service	Type of Inspection Routine
Address	Hisk Level	☐ Retail ☐ Residential Kitchen	Re-inspection Previous Inspection
Telephone	LBVBI	☐ Mobile	Date:
Owner	HACCP Y/N	☐ Temporary ☐ Caterer	Pre-operation
Person In Charge (PtC)	Time	Bed & Breakfast	Suspect illness General Complaint
Inepector Share Day Share Co	in:	D	HACCP
Each violation checked requires an explanation on the na	Out:	Permit No.	Other
violated.	mative page(s) and a citation of spec	
Violations Related to Foodborne Illness Interventions ar Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	nd Risk Factor require immed	iato corrective 590.009	(E) ☐ 590.009 (F) ☐ Local Law ☐
FOOD PROTECTION MANAGEMENT	☐ 12 Pro	Allergen Awarei vention of Contamination fro	ness 590,009 (G)
☐ 1. PIC Assigned / Knowledgeable / Duties		dwash Facilities	mi nanos
EMPLOYEE HEALTH		N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	_	•	
3. Personnel with Infections Restricted / Excluded		roved Food or Color Additive c Chemicals	es
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Potent	Nathu Hanasdava Paada
4. Food and Water from Approved Source			ielly nazardous roods)
5. Receiving / Condition		king Temperatures	
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 17. Reh	5	
7. Conformance with Approved Procedures / HACCP Plans	☐ 18. Coo	-	
PROTECTION FROM CONTAMINATION		and Cold Holding	
8. Separation / Segregation / Protection		e as a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTI	, ,
☐ 10. Proper Adequate Handwashing		d and Food Preparation for	HSP
☐ 11. Good Hygienic Practices	CONSUMER 22 Post	ADVISORY ting of Consumer Advlsories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbe and Risk I Official Or today, the i 590.000/Fe by a Board order of the cited in this the food es establishme have a righ and submit within 10 de	f Violated Provisions Rorne Illnesses Intervented Factors (Red Items 1-22 der for Correction: Bastems checked indicate vieteral Food Code. This respectively of Health member or its a Board of Health. Fallure a report may result in sustablishment permit and cent operations. If aggrievit to a hearing. Your requited to the Board of Health ays of receipt of this order RE-INSPECTION:	tions 2): ed on an Inspection iolations of 105 CMR eport, when signed belo agent constitutes an e to correct violations spension or revocation of cessation of food red by this order, you est must be in writing th at the above address
Inspector's Signature: Print:			1.7
PIC's Signature: Print:			Page of Pages

)iscu		Esta Item
			-/\	ssion With F		Establishment Name:_ ttem
				Discussion With Person in Charge:		
						TOWN OR CITY OF Date: Pa
Voluntary Disposal	□ Embargo	Re-inspection Scheduled	 Voluntary Compliance 	Corrective Action Required:		Page:
Other:	■ Emergency Closure	□ Emergency Suspension	☐ 'Employee Restriction /	A D MY D		of N
	Ø.	nsion	ion /	Yes	f	Date Verified

FOOD FETABLICITATE INTODUCTION		Board o	of Health			
FOOD ESTABLISHMENT INSPECTION		Tel	•			
Name Luch Volume	58.19	Type of Operation(s) Defood Service	Type of Inspection Routine			
Address	Risk	Retall	Re-Inspection			
	Level	Residential Kitchen	Previous Inspection			
Telephone		Mobile	Date:			
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness			
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint			
Inspector VOCILIA (DATE TO COLE)	In: Out:	Permit No.	☐ HACCP ☐ Other			
Each violation checked requires an explanation on the						
violated.			Non-compliance wi			
Violations Related to Foodborne Illness Intervention Violations marked may pose an imminent health hazard	ns and Risk Factor	s (Red Items) Anti-Cho	•			
action as determined by the Board of Health.	and require infined	liate corrective 590.009 (E)			
FOOD PROTECTION HAVE A THE TOTAL			ness 590.009 (G) 🗌			
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	☐ 12. Pre	vention of Contamination fro	m Hands			
EMPLOYEE HEALTH	☐ 13. Har	dwash Facilities				
	PROTECTIO	N FROM CHEMICALS				
2. Reporting of Diseases by Food Employee and PIC	☐ 14. App	roved Food or Color Additive	∍s			
3. Personnel with Infections Restricted / Excluded	☐ 15. Toxi	c Chemicals				
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Potent	lelly Hezerdoue Ecode)			
4. Food and Waler from Approved Source		king Temperatures	iany fiazardous roous)			
5. Receiving / Condition		· ,				
☐ 6. Tags / Records / Accuracy of Ingredient Statements		17. Reheating				
☐ 7. Conformance with Approved Procedures / HACCP Plans	☐ 18. Goo	-				
PROTECTION FROM CONTAMINATION	∐ 19. Hot	and Cold Holding				
☐ 8. Separation / Segregation / Protection	🗀 20. Tím	as a Public Health Control				
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREME	NTS FOR HIGHLY SUSCEPTION	BLE POPULATIONS (HSP)			
	21. Foo	d and Food Preparation for I	-ISP			
10. Proper Adequate Handwashing	CONSUMER	ADVISORY				
11. Good Hygienic Practices	☐ 22. Pos	ing of Consumer Advisorles				
/iolations Related to Good Retail Practices (Blue		f Violated Provisions Re				
tems) Critical (C) violations marked must be corrected		orne ilinesses intervent				
nmediately or within 10 days as determined by the Boar f Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22				
nmediately or within 90 days as determined by the Boar	d today the i	der for Correction: Base tems checked indicate vi	ed on an inspection			
f Health.		ederal Food Code. This re	olations of 105 Civin Boort, when signed hel			
CN	by a Board	of Health member or its	agent constitutes an			
23. Management and Personnel (FC-2)(590,003)	order of the	Board of Health. Failure	to correct violations			
24. Food and Food Protection (FC-3)(590.004) \$\rho\$5. Equipment and Utensils (FC-4)(590.005)		report may result in sus				
/26. Water, Plumbing and Waste (FC-5)(590.006)		itablishment permit and c ent operations. If aggrieve				
27. Physical Facility (FC-6)(590.007)	have a righ	t to a hearing. Your requi	est must be in writing			
28. Poisonous or Toxic Materials (FC-7)(590,008)	and submit	ted to the Board of Healt	h at the above address			
29. Special Requirements (590.009)		ays of receipt of this orde	rī.			
30. Office	DATE OF I	RE-INSPECTION:				
Inspector's Signature:	Dela da					
11 A BARK PLEK WILLIAM		WINDANIA -				
	Print: Malil	1) Bustania	Page of Page			

TOWN OR CITY OF WINNINGTON

Establishment Name:_

Date: S & / 9 Page:

Date Verified Employee Restriction / Exclusion Emergency Suspension **Emergency Closure** Other: No ٥ A. A. Salar σ ٥ Corrective Action Required: Re-inspection Scheduled DESCRIPTION OF VIOLATION / PLAN OF CORRECTION ■ Voluntary Compliance Voluntary Disposal Embargo ۵ σ ٥ PLEASE PRINT CLEARLY THE SON SEL NA JONAN Discussion With Person in Charge: C - Critical Item R - Red Item Code Reference Item No.

Form 734 B A.M. Sulkin Co., Charlestown, MA

FOOD ESTABLISHMENT INSPECTION R	EPORT	Tel.			
Name HINCLE SCHOOL	Date (//c/)	Type of Operation(s) Food Service	Type of Inspection		
Address	Risk	Retail	☐ Routine ☐ Re-inspection		
	Level	Residential Kitchen	Previous Inspection		
Telephone		│	Date: Pre-operation		
Owner	HACCP Y/N	Caterer	Suspect Illness		
Person in Charge (PIC) Demis	Time	Bed & Breaklast	General Complaint		
Inspector Should AV Prush (11)	In: Out:	Permit No.	HACCP Olher		
Each violation checked requires an explanation on the r	arrative page(s	and a citation of spec	ific provision(s)		
violated. <u>Violations Related to Foodborne Illness Interventions a</u>	and Dick Easter	o (Pad Itama) A-II Oha	Non-compliance with		
Violations marked may pose an imminent health hazard an	d require Immed	rs (Red Items) Anii-Cho diate corrective 590.009 ((E) 590.009 (F)		
action as determined by the Board of Health.		Allergen Aware	Local Law ☐ ness 590,009 (G) ☐		
FOOD PROTECTION MANAGEMENT	[12 Pre	vention of Contamination fro	` •		
1. PIC Assigned / Knowledgeable / Duties		ndwash Facilitles	m riangs		
EMPLOYEE HEALTH		ON FROM CHEMICALS			
2. Reporting of Diseases by Food Employee and PIC		proved Food or Color Additiv	00		
3. Personnel with Intections Restricted / Excluded		ic Chemicals	65		
FOOD FROM APPROVED SOURCE	_		dello Hamodava Paada		
☐ 4. Food and Water from Approved Source		ERATURE CONTROLS (Potent	ially nazardous roods)		
5. Receiving / Condition	☐ 16. Cooking Temperatures☐ 17. Reheating				
☐ 6. Tags / Records / Accuracy of Ingredient Statements	_	<u> </u>			
7. Conformance with Approved Procedures / HACCP Plans	18. Cooling				
PROTECTION FROM CONTAMINATION		and Cold Holding			
8. Separation / Segregation / Protection		e as a Public Health Control			
9. Food Contact Surfaces Cleaning and Sanitizing		ENTS FOR HIGHLY SUSCEPTI			
☐ 10. Proper Adequate Handwashing		od and Food Preparation for	HSP		
11. Good Hygienic Practices	CONSUMER	: ADVISORY sting of Consumer Advisories			
		_			
VIolations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected		of Violated Provisions R			
mmediately or within 10 days as determined by the Board		orne Illnesses Intervent Factors (Red Items 1-22			
of Health. Non-critical (N) violations must be corrected		rder for Correction: Bas			
mmediately or within 90 days as determlned by the Board of Health.		items checked Indicate vi			
C N		ederal Food Code. This re I of Health member or its			
23. Management and Personnel (FC-2)(590.003)		e Board of Health. Failure			
24. Food and Food Protection (FC-3)(590.004)	cited in thi	s re <mark>port may result i</mark> n sus	pension or revocation of		
25. Equipment and Utensils (FC-4)(590,005) 26. Water, Plumbing and Waste (FC-5)(590,006)		stablishment permit and o			
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)		ent operations. If aggriev nt to a hearing. Your requ			
28. Poisonous or Toxic Materials (FC-7)(590.008)		tted to the Board of Healt			
29. Special Requirements (590.009)	within 10 c	lays of receipt of this orde			
30. Other	DATE OF	RE-INSPECTION:			
Inspector's Signature: Prin	l:				
PIC's Signature: Print	tı		Page of Pages		

TOWN OR CITY OF-

Date Verified Employee Restriction / Exclusion Emergency Suspension ٥ °N D Page:_ Corrective Action Required: Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION a PLEASE PRINT CLEARLY Date:_ Discussion With Person in Charge: C - Critical Item R - Red Item Establishment Name:_ Code No.

Form 734 B A.M. Sulkin Co., Charlestown, MA

Emergency Closure

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Embargo

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Re-inspection Scheduled

Other:

Voluntary Disposal

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FOOD ESTABLISHMENT INSPECTION RI	EPORT	Tel				
Name Aladd La C Charles	Date	Type of Operation(s)	Type of Inspection			
Address	5-7-14 Risk	Food Service	Routine Re-Inspection			
	Level	Residential Kitchen	Previous Inspection			
Telephone		Mobile	Date:			
Owner	HACCP Y/N	Temporary Caterer	☐ Pre-operation☐ Suspect Illness			
Person In Charge (PIC)	Time	Bed & Breakfast	General Complaint			
Inspector Sh Pl (11/2) Pl 1) brill	In: Out:	Permit No.	HACCP Other			
Each violation checked requires an explanation on the na	arrative page(s	s) and a citation of spec				
violated.			Non-compliance with			
Violations Related to Foodborne Illness Interventions at Violations marked may pose an imminent health hazard and	nd Risk Factor	rs (Red Items) Anti-Cho				
action as determined by the Board of Health.	riequire inimec	diate corrective 590.009 (E)			
		Allergen Awarer	ness 590.009 (G) 🗀			
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	🗌 12. Pre	evention of Contamination fro	m Hands			
EMPLOYEE HEALTH	☐ 13. Har	ndwash Facilities				
Reporting of Diseases by Food Employee and PIC	PROTECTIO	ON FROM CHEMICALS				
3. Personnel with Infections Restricted / Excluded	☐ 14. Apr	proved Food or Color Additive	98			
FOOD FROM APPROVED SOURCE	☐ 15. Tox	ric Chemicals				
4. Food and Water from Approved Source	TIME/TEMPI	ERATURE CONTROLS (Potenti	ially Hazardous Foods)			
5. Receiving / Condition		oking Temperatures				
G. Tags / Records / Accuracy of Ingredient Statements	☐ 17. Rel	neating				
☐ 7. Conformance with Approved Procedures / HACCP Plans	☐ 18. Cod	oling				
PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding				
8. Separation / Segregation / Protection	🗌 20. Tim	e as a Public Health Control				
Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)					
☐ 10. Proper Adequate Handwashing	21. Food and Food Preparation for HSP CONSUMER ADVISORY					
11. Good Hygienic Practices						
and the state of t	☐ 22. Pos	sting of Consumer Advisories				
Violations Related to Good Retail Practices (Blue		of Violated Provisions R				
tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board		orne Ilinesses Intervent Factors (Red Items 1-22				
of Health. Non-critical (N) violations must be corrected		rder for Correction: Base				
nmediately or within 90 days as determined by the Board	today, the	items checked indicate vi	olations of 105 CMR			
f Health.		ederal Food Code. This re				
23. Management and Personnel (FC-2)(590,003)		of Health member or Its				
24. Food and Food Protection (FC-3)(590,004)		e Board of Health. Failure s report may result in sus				
25. Equipment and Utensils (FC-4)(590.005)		s report may result in susp stablishment permit and c				
26. Water, Plumbing and Waste (FC-5)(590.006)		ent operations. If aggrieve				
27. Physical Facility (FC-6)(590.007)		nt to a hearing. Your reque				
28. Poisonous or Toxic Materials (FC-7)(590,008)	and submi	tted to the Board of Healtl	h at the above address			
29. Special Requirements (590.009)		lays of receipt of this orde	r.			
30. Other	DATE OF	RE-INSPECTION:				
Inspector's Signature: Well VIII MAN Print;	New	Deunas				
PIC's Signature: Michile Left Print:	Michel	c Peller	Page of Pages			

(0)	Discu		Esta Item
7 542	ssion With P		Establishment Name:_ tem Code C_Criti
OHA SIL	Discussion With Person in Charge:		
MOSTO WILL DITTE			TOWN OR CITY OF JUILLAND Date:
D Voluntary Compliance D Re-inspection Scheduled D Embargo D Voluntary Disposal	Corrective Action Required: D. No.	BAUFUEL SAME	OF CORRECTION Page:
yee Resta ion ency Sus			of Date

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	
Name 1 10044 Intendedical	Date	Type of Operation(s)	Type of Inspection
Address	Risk	Food Service	Routine Re-inspection
	Level	Residential Kitchen	Previous Inspection
Telephone		Mobile	Date:
Owner	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint
Inspector Shu whus hus	In: Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the na	rrative page(s	and a citation of spec	lfic provision(s)
violated.			Non-compliance with
Violations Related to Foodborne Illness Interventions are Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immed	s (Red Items) Anti-Cho liate corrective 590.009 (•
·		Alfergen Awarer	ness 590.009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	12. Pre	vention of Contamination fro	m Hands
EMPLOYEE HEALTH	🔲 13. Har	ndwash Facilities	
M	PROTECTIO	N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted / Excluded	☐ 14. Apr	proved Food or Color Additive	3 8
	☐ 15. Tox	ic Chemicals	
FOOD FROM APPROVED SOURCE	TIME/TEMPI	ERATURE CONTROLS (Polenti	ially Hazardous Foods)
4. Food and Water from Approved Source	☐ 16. Cod	oking Temperatures	
5. Receiving / Condition	🔲 17. Reh	neating	
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Cod	oling	
7. Conformance with Approved Procedures / HACCP Plans	☐ 19. Hot	and Cold Holding	
PROTECTION FROM CONTAMINATION		e as a Public Health Control	
8. Separation / Segregation / Protection		ENTS FOR HIGHLY SUSCEPTION	
9. Food Contact Surfaces Cleaning and Sanitizing		d and Food Preparation for I	
10. Proper Adequate Handwashing	CONSUMER		101
11. Good Hygienic Practices	☐ 22. Pos	ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodb and Risk Official Or today, the 590.000/Fo by a Board order of the cited in this the food es establishme have a right and submit within 10 des	orne Illnesses Intervent Factors (Red Items 1-22 reder for Correction: Base items checked indicate visederal Food Code. This red of Health member or its a Board of Health. Fallure is report may result in suspend of the permit and control of the Board of Health it to a hearing. Your requested to the Board of Health lays of receipt of this order RE-INSPECTION:	ions ed on an inspection olations of 105 CMR eport, when signed belo agent constitutes an a to correct violations pension or revocation of sation of food ed by this order, you est must be in writing h at the above address
Inspector's Signature: Print:			
A MAN		~.5 · . 1 · .	1./
PIC's Signature (1 1 77) . W W. A NY YES Print:	11 1 24 1/213	14 /31 - 1	Page of You. Do.

			Discu									No.	Esta	
			ssion With F									Code Reference	Establishment Name:	
			Discussion With Person in Charge:									C - Critical Item	Name:	TOWN O
□ Voluntary Disposal	□ Embargo	Re-inspection Scheduled	Соп							TO SHOW DOND THE WARRY	152x65 +100 B	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date: Pa	TOWN OR CITY OF TOWN OR CITY OF
		0 0											Page:	
Other:	Emergency Glosure	Employee Restriction / Exclusion Emergency Suspension		, so folia								Dat Ver	of	
												Date Verified	1	

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF WILLIAM TO Board of Health FOOD ESTABLISHMENT INSPECTION REPORT Tel. (Name Date Type of Inspection Type of Operation(s) Food Service Rouline 5. (0. Risk ☐ Retail ☐ Re-inspection Address Level Residential Kitchen Previous Inspection Telephone ☐ Mobile Date: Temporary Pre-operation HACCP Y/N Owner ☐ Caterer ☐ Suspect Illness Person in Charge (PIC) Time Bed & Breakfast General Complaint ☐ HACCP In: Inspector Out: Permit No. ☐ Other Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items) Anti-Choking Tobacco Violations marked may pose an imminent health hazard and require immediate corrective 590.009 (E) 590.009 (F) Local Law action as determined by the Board of Health. Allergen Awareness 590,009 (G) FOOD PROTECTION MANAGEMENT 12. Prevention of Contamination from Hands 1. PIC Assigned / Knowledgeable / Duties 13. Handwash Facilities **EMPLOYEE HEALTH** PROTECTION FROM CHEMICALS 2. Reporting of Diseases by Food Employee and PIC 14. Approved Food or Color Additives 3. Personnel with Infections Restricted / Excluded ☐ 15. Toxic Chemicals FOOD FROM APPROVED SOURCE TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☐ 4. Food and Water from Approved Source 16. Cooking Temperatures 5. Receiving / Condition 17. Reheating 6. Tags / Records / Accuracy of Ingredient Statements 18. Cooling 7. Conformance with Approved Procedures / HACCP Plans ☐ 19. Hot and Cold Holding PROTECTION FROM CONTAMINATION 20. Time as a Public Health Control 8. Separation / Segregation / Protection REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing 21. Food and Food Preparation for HSP 10. Proper Adequate Handwashing **CONSUMER ADVISORY** 11. Good Hygienic Practices 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue Number of Violated Provisions Related Items) Critical (C) violations marked must be corrected To Foodborne Illnesses Interventions immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health. Non-critical (N) violations must be corrected Official Order for Correction: Based on an inspection immediately or within 90 days as determined by the Board today, the items checked indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below CN by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590,003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils the food establishment permit and cessation of food (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590,008)

Inspector's Signature:	Print: Shely / Pelement	
PIC's Signature:	Print:	Pageo(Pages

(590,009)

29. Special Requirements

30. Other

DATE OF RE-INSPECTION:

within 10 days of receipt of this order.

and submitted to the Board of Health at the above address

TOWN OR CITY OF.

Date Verified Employee Restriction / Exclusion Emergency Suspension Emergency Closure _ of _ Other: ON L ٥ Page:_ Corrective Action Required: Re-inspection Scheduled D Moluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Date: 5 6 19 Embargo ٥ PLEASE PRINT CLEARLY DIDIE TEN Discussion With Person in Charge: C - Critical Item Establishment Name:_ Code Reference Item No.

Form 734 B A.M. Sulkin Co., Charlestown, MA

		Board	of Health			
FOOD ESTABLISHMENT INSPECTION R	EPORT	Tel				
Name	Date	Type of Operation(s)	Type of Inspection			
Strosteen	11.178/10	Food Service	Routine			
Address	Risk Level	Retall Residential Kitchen	☐ Re-inspection			
Telephone	Level	Mobile Mobile	Previous Inspection Date:			
Owner	HACCP Y/N	Temporary	Pre-operation			
		☐ Caterer	☐ Suspect Illness			
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint			
Inspector Structural Accordance	In: Out:	Permit No.	HACCP Other			
ach violation checked requires an explanation on the n	arrative page(s	and a citation of spe	cific provision(s)			
/lolated.			Non-compliance wit			
<u>Violations Related to Foodborne Illness Interventions a</u> Violations marked may pose an imminent health hazard and	nd Risk Factor	s (Red Items) Anti-Ch	•			
action as determined by the Board of Health.	o require immed	liate corrective 590.009	F(E)			
delien de delenmied by the board of fledith,		Allergen Awar	eness 590.009 (G)			
FOOD PROTECTION MANAGEMENT	12. Pre	vention of Contamination fr	• •			
1. PIC Assigned / Knowledgeable / Duties			OTT FIGHTGS			
EMPLOYEE HEALTH		idwash Facilities				
☐ 2. Reporting of Diseases by Food Employee and PIC	PROTECTIO	N FROM CHEMICALS				
3. Personnel with Infections Restricted / Excluded	☐ 14. App	roved Food or Color Additi	V e s			
	15. Tox	c Chemicals				
FOOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS (Poter	tially Hazardoue Foods)			
4. Food and Water from Approved Source	_	·	many riazar doda r ooday			
5. Receiving / Condition		king Temperatures				
6. Tags / Records / Accuracy of Ingredient Statements	17. Reh	eating				
	☐ 18. Cod	☐ 18. Cooling				
7. Conformance with Approved Procedures / HACCP Plans	🔲 19. Hot	and Cold Holding				
PROTECTION FROM CONTAMINATION	20. Time as a Public Health Control					
8. Separation / Segregation / Protection	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)					
9. Food Contact Surfaces Cleaning and Sanitizing			, ,			
10. Proper Adequate Handwashing		21. Food and Food Preparation for HSP				
11. Good Hygienic Practices	CONSUMER ADVISORY					
	☐ 22. Pos	ting of Consumer Advisorie	is			
/iolations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected		f Violated Provisions				
nmediately or within 10 days as determined by the Board		orne Ilinesses Interver Factors (Red Items 1-2				
f Health. Non-critical (N) violations must be corrected		der for Correction: Ba				
nmediately or within 90 days as determined by the Board	today the	tems checked Indicate	sed on an inspection			
Health.	590.000/Fe	deral Food Code. This	report, when signed belo			
CN	by a Board	of Health member or its	s agent constitutes an			
23. Management and Personnel (FC-2)(590,003)	order of the	e Board of Health. Failui	re to correct violations			
24. Food and Food Protection (FC-3)(590,004)			spension or revocation of			
25. Equipment and Utensils (FC-4)(590.005)		tablishment permit and				
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)		ent operations. If aggrie				
28. Poisonous or Toxic Materials (FC-7)(590.008)		t to a hearing. Your required to the Reard of Hea	uest must be in writing Ith at the above address			
29. Special Requirements (590.009)		ays of receipt of this ord				
30. Other		RE-INSPECTION:	· · · ·			
Inspector's Signature: ////////////////////////////////////			1			
PIC's Signature: Print:	}		Page of Pages			

TOWN OR CITY OF WILLIAM LOTTE . Date: _/ Page:_

				Discussion With Person in Charge:											N. 605.30	No. Reference R - Red Item
													X .	DING OF MONI OF	HOT WATER OIL HOW SH	DESCRIPTION OF VIOLATION / PLAN PLEASE PRINT CLEARLY
Voluntary Disposal	Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:										J. J	11 mm	OF CORRECTION
Other:	☐ Emergency Closure	Emergency Suspension	☐ Employee Réstriction /	O No O Yes												Date Verified

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	Df. 658-4290		
Address Sheep	Date (-7.19)	Type of Operation(s) Food Service Retail	Type of Inspection Routine Re-Inspection		
Telephone	Level	Residential Kitchen	Previous Inspection		
Owner	HACCP Y/N	☐ Mobile ☐ Temporary ☐ Calerer	Date: Pre-operation Suspect Illness		
Person in Charge (PIC)	Time	General Complaint			
Inspector (h M / 10 f) a / M / M	In: Out:	Parmit No.	☐ HACCP ☐ Other		
Each violation checked requires an explanation on the na					
violated. <u>Violations Related to Foodborne Illness Interventions ar</u> Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	nd Risk Factors	s (Red Items) Anti-Chok iate corrective 590.009 (8	Non-compliance with: Tobecco 590.009 (F) Local Law		
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		Allergen Awaren rention of Contamination from dwash Facilities	ess 590.009 (G) 🗆 n Hands		
EMPLOYEE HEALTH	PROTECTIO	N FROM CHEMICALS			
2. Reporting of Diseases by Food Employee and PIC	☐ 14. App	roved Food or Color Additive	S		
3. Personnel with Infections Restricted / Excluded	☐ 15. Toxi	c Chemicals			
FOOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS (Potentia	ally Hazardous Foods)		
4. Food and Water from Approved Source	[] 16. Coo	king Temperatures			
5. Receiving / Condition	☐ 17. Reh	eating			
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo	ling			
7. Conformance with Approved Procedures / HACCP Plans	☐ 19. Hot	and Cold Holding			
PROTECTION FROM CONTAMINATION	☐ 20. Time	e as a Public Health Control			
8. Separation / Segregation / Protection	REQUIREME	NTS FOR HIGHLY SUSCEPTIB	LE POPULATIONS (HSP)		
9. Food Contact Surfaces Cleaning and Sanitizing	☐ 21. Food	d and Food Preparation for H	ISP		
10. Proper Adequate Handwashing	CONSUMER	ADVISORY			
11. Good Hygienic Practices	22. Post	ing of Consumer Advisories			
Violations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	To Foodbo and Risk I Official Or today, the i 590.000/Fe by a Board order of the cited in this the food es establishme have a righ and submit within 10 da	f Violated Provisions Reprine Illnesses Interventifactors (Red Items 1-22) der for Correction: Base tems checked Indicate violated Food Code. This report may result in suspitablishment permit and control operations. If aggrieved to a hearing. Your requested to the Board of Health ays of receipt of this order RE-INSPECTION:	ons id on an Inspection plations of 105 CMR port, when signed below agent constitutes an to correct violations pension or revocation of pessation of food ad by this order, you pest must be in writing at the above address		
Inspector's Signature: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Shallin	OWNAK			
PIC's Signature:	July 1	VINTILLY J.	- 1 m		

TOWN OR CITY OF TOWN OR CITY OF

Page: Of Of	Warified Verified	ulred: 🗅 No	ce 🛘 Employee Restriction / Exclusion		Other
Date: 3.7.4	DESCRIPTION OF WIOLATION PLAN OF CORRECTION PLEASE PRINT CLEARLY S. DOLL MINE CONTROLL OF THE CORRECTION MANAGEMENT OF THE C	Corrective Action Required:	Voluntary Compliance Re-inspection Scheduled		Voluntary Disposal
11. 100 100 100	STATUS OF STATUS		BALL	******	
Establishment Name:	Reference R - Red Item	Discussion With Person in Charge:	Spirit cuita		
Estab	No No Tem	Discus			

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Form 734 B. A.M. Sulkin Co., Charlestown. MA

FOOD ESTABLISHMENT INSPECTION	I DEDODT		of Health
Name El Leen Cotollo	Date 11 711+	Type of Operation(s) Verood Service	Type of inspection Routine
Address Watter WWD dirt	Risk	Retail	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection
Owner	HACCP Y/N	Temporary	Date:
		Caterer	Suspect Illness
Person in Charge (PIC)	Time	☐ Bed & Breakfast	General Complaint HACCP
Inspector Shellitermall	¿ Out:	Permit No.	Other
Each violation checked requires an explanation on	the narrative page(s	and a citation of spec	ific provision(s)
violated. Violations Related to Foodborne Illness Intervention Violations marked may pose an imminent health hazar action as determined by the Board of Health.	ons and Risk Factor d and require immed	late corrective 590.009	(E) □ 590.009 (F) □ Local Law □
FOOD PROTECTION MANAGEMENT	∏ 40 Bva		ness 590.009 (G)
☐ 1. PIC Assigned / Knowledgeable / Duties	<u> </u>	vention of Contamination fro	m Hanos
EMPLOYEE HEALTH		ndwash Facilities	
☐ 2. Reporting of Diseases by Food Employee and PIC		N FROM CHEMICALS	
3. Personnel with Infections Restricted / Excluded	<u></u>	roved Food or Color Additiv	es
FOOD FROM APPROVED SOURCE	_	c Chemicals	
4. Food and Water from Approved Source	_	FRATURE CONTROLS (Potent	ially Hazardous Foods)
5. Receiving / Condition		king Temperatures	
6. Tags / Records / Accuracy of Ingredient Statements	☐ 17. Reh	ŭ	
7. Conformance with Approved Procedures / HACCP Plan	☐ 18. Coo	ů	
PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding	
8. Separation / Segregation / Protection		e as a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREME	INTS FOR HIGHLY SUSCEPTION	BLE POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing		d and Food Preparation for	HSP
11. Good Hygienic Practices	CONSUMER		
	[_] 22. Pos	ting of Consumer Advisorles	
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Inspector's Signature: Mala 1106 Wella	Print:		
PIC's Signature:	Print:	· · · · · · · · · · · · · · · · · · ·	PageofPages

FORM 734A IREV. 9/20101 HOBBS & WARREN - BOSTON

TOWN OR CITY OF.

Date Verified SN YO Page:_ Corrective Action Required: DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY CAN STOCKED Bate: 11000 Discussion With Person in Charge: C - Critical Item R - Red Item Establishment Name:_ Code Reference Item No.

Form 734 B. A.M. Sulkin Co., Charlestown, MA.

Employee Restriction / Exclusion Emergency Suspension

0

■ Voluntary Compliance

Emergency Closure

٥

Embargo

0

□

Re-inspection Scheduled

0

Other

Voluntary Disposal

0

FOOD ESTABLISHMENT INSPECTION R	FPORT		or Health.			
Name West Intermediate	Date 5 7- / 9	Type of Operation(s) Affood Service	Type of Inspection Boutine			
Address	Risk	Retail	Re-inspection			
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:			
Owner	HACCP Y/N	Temporary	Pre-operation			
Person in Charge (PIC)	Time	Calerer Bed & Breakfast	Suspect Illness General Complaint			
A. William	In:		HACCP			
Inspector Sherry rewners.	Oul:	Permit No.	Other			
Each violation checked requires an explanation on the r	narrative page(s	i) and a citation of spec				
Violations Related to Foodborne Illness Interventions a Violations marked may pose an imminent health hazard an action as determined by the Board of Health.	and Risk Factor ad require immed	liate corrective 590.009	Non-compliance with oking Tobacco (E) □ 590.009 (F) □ Local Law □ ness 590.009 (G) □			
FOOD PROTECTION MANAGEMENT	[] 12 Pro	Anargan Aware vention of Contamination fro				
1. PIC Assigned / Knowledgeable / Dutles	_	ndwash Facilities	m nangs			
EMPLOYEE HEALTH		N FROM CHEMICALS				
2. Reporting of Diseases by Food Employee and PIC		proved Food or Color Additive	ane.			
3. Personnel with Infections Restricted / Excluded		ic Chemicals	C 3			
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Paten	tally Hazardous Foods)			
4. Food and Water from Approved Source		oking Temperatures	(lally Hazardous rocus)			
☐ 5. Receiving / Condition	17. Reh					
☐ 6. Tags / Records / Accuracy of Ingredient Statements	18. Cod	•				
7. Conformance with Approved Procedures / HACCP Plans	_	and Cold Holding				
PROTECTION FROM CONTAMINATION	<u></u>	and Cold Holding e as a Public Health Contro	1			
8. Separation / Segregation / Protection						
9. Food Contact Surfaces Cleaning and Sanitizing		ENTS FOR HIGHLY SUSCEPT	` ,			
10. Proper Adequate Handwashing	CONSUMER	d and Food Preparation for	HSF			
☐ 11. Good Hygienic Practices		ting of Consumer Advisories	5			
Violations Related to Good Retail Practices (Blue		of Violated Provisions F				
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board		orne Illnesses Interven Factors (Red Items 1-2				
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.	today, the 590.000/Fe by a Board	rder for Correction: Bas items checked indicate v ederal Food Code. This r f of Health member or its	riolations of 105 CMR report, when signed belo agent constitutes an			
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you					
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	and submi within 10 c	nt to a hearing. Your requited to the Board of Heal lays of receipt of this ord RE-INSPECTION:	th at the above address			
Inspector's Signature: PIC's Signature: Print	1100	y Newhaya	Page of Pages			
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		Discussio		No. Ref	Establishment Name:
		n With P		Code Reference	hment N
	1 C WAS	Discussion With Person in Charge:		C - Critical Item R - Red Item	
			THE TOTAL TOTAL STATE OF THE ST	DESCRIPTION OF VIOLATION / PLAN PLEASE PRINT CLEARLY	TOWN OR CITY OF
Q Embargo	Voluntary Compliance Re-inspection Scheduled	orrective Action Required:		DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	5.7-19 Page:
Emerg	Excl	1 1			0.
Emergency Closure	Employee Restriction / Exclusion Emergency Suspension	6		1.57 (1) 1.70 (1) 1.7	
ire	xion / ension	Yes		Date Verified	

Board of Health

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	
Name	Date	Type of Operation(s)	Type of Inspection
Address	RISK	☐ Food Service	☐ Routine ☐ Re-Inspection
	Level	Residential Kitchen	Previous Inspection
Telephone		│	Date:
Owner	HACCP Y/N	Calerer	Suspect Illness
Person In Charge (PIC)	Time In:	Bed & Breakfast	General Complaint HACCP
Inspector Should Hus new M	Oul:	Permit No.	Other
Each violation checked requires an explanation on the na	rrative page(s) and a citation of spec	ific provision(s)
violated. <u>Violations Related to Foodborne Iliness Interventions an</u> Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	d Risk Factor require immed	late corrective 590.009 (Non-compliance with: king Tobacco E)
FOOD PROTECTION MANAGEMENT	☐ 12 Pres	vention of Contamination from	• •
1. PIC Assigned / Knowledgeable / Duties		idwash Facilities	
EMPLOYEE HEALTH		N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		roved Food or Color Additive	29
3. Personnel with Infections Restricted / Excluded		c Chemicals	
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Potenti	lally Hazardous Foods)
4. Food and Water from Approved Source		king Temperatures	,
5. Receiving / Condition	17. Reh	•	
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coo	_	
7. Conformance with Approved Procedures / HACCP Plans	-	and Cold Holding	
PROTECTION FROM CONTAMINATION		e as a Public Health Control	
8. Separation / Segregation / Protection		NTS FOR HIGHLY SUSCEPTIE	BLE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing	<u></u>	d and Food Preparation for I	
10. Proper Adequate Handwashing	CONSUMER		
11. Good Hygienic Practices	☐ 22. Post	ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health. 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)	To Foodbe and Risk I Official Or today, the i 590.000/Fe by a Board order of the cited in this the food es establishme have a righ and submit	f Violated Provisions Reprine illnesses Intervent Factors (Red Items 1-22) der for Correction; Baseliems checked indicate violated Food Code. This related for the Board of Health. Failure is report may result in suspendishment permit and cent operations. If aggrievent to a hearing, Your requested to the Board of Health ays of receipt of this order	ions ed on an inspection clations of 105 CMR eport, when signed below agent constitutes an e to correct violations pension or revocation of essation of food ed by this order, you est must be in writing h at the above address
Inspector's Signature: Print:		RE-INSPECTION:	

Print:

PIC's Signature:

DACE BOX!

Page__of__Pages

Date Date Verified Perified Perified Restriction / Date Verified	U Embargo D Emergency Closure U Voluntary Disposal D Other:	Re-inspection Scheduled	□ Voluntary Compliance □ Employee Restriction /			PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY PRINT C	$\mathbf{Page:} \qquad \mathbf{Date:} \qquad \mathbf{Mill} \qquad \mathbf{Page:} \qquad \mathbf{of} \qquad \mathbf{Z}$
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TAM OF WIMING TON

FOOD ESTABLISHMENT INSPECTION R	EPORT	Tel				
Name Wildward St	Date 5-(0-19	Type of Operation(s) Dood Service	Type of Inspection			
Address	Risk	Retail	Re-inspection			
	Level	Residential Kitchen	Previous Inspection			
Telephone		☐ Mobile ☐ Temporary	Date: Pre-operation			
Owner	HACCP Y/N	Caterer	Suspect Illness			
Person in Charge (PIC)	Time	Bed & Breaklast	General Complaint HACCP			
Inspector Shellil tewhouse.	In: Out:	Permit No.	Other			
Each violation checked requires an explanation on the n	arrative page(s) and a citation of spec	clflc provision(s)			
violated.	and the	/P3 - 1.14 1	Non-compliance with			
Violations Related to Foodborne Illness Interventions a Violations marked may pose an imminent health hazard an			(E) 🗀 590.009 (F) 🖂			
action as determined by the Board of Health.		Allergen Aware	Local Law (
FOOD PROTECTION MANAGEMENT	□ 12 Pre	evention of Contamination fr	, ,			
1. PIC Assigned / Knowledgeable / Duties	_	ndwash Facilities	on, rando			
EMPLOYEE HEALTH	-	ON FROM CHEMICALS				
2. Reporting of Diseases by Food Employee and PIC	_	proved Food ar Color Additiv	Vac			
3. Personnel with Infections Restricted / Excluded		kic Chemicals	V 62			
FOOD FROM APPROVED SOURCE		ERATURE CONTROLS (Poten	stiolly Hazardous Foods)			
☐ 4. Food and Water from Approved Source		oking Temperatures	Maily Hazardous Poods)			
5. Receiving / Condition	17. Re	•				
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Co					
7. Conformance with Approved Procedures / HACCP Plans		-				
PROTECTION FROM CONTAMINATION		t and Cold Holding				
8. Separation / Segregation / Protection		ne as a Public Health Contro				
9. Food Contact Surfaces Cleaning and Sanitizing		ENTS FOR HIGHLY SUSCEPT				
☐ 10. Proper Adequate Handwashing		od and Food Preparation for	HSP			
11. Good Hygienic Practices		R ADVISORY sting of Consumer Advisorle	oc.			
Violations Related to Good Retail Practices (Blue		of Violated Provisions I				
Items) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board		orne Ilinesses Interver Factors (Red Items 1-2				
of Health. Non-critical (N) violations must be corrected		rder for Correction: Ba				
mmediately or withIn 90 days as determined by the Board of Health.		Items checked indicate				
C N		ederal Food Code. This d of Health member or its				
23. Management and Personnel (FC-2)(590.003)	•	ne Board of Health. Failu	_			
24. Food and Food Protection (FC-3)(590,004)		is report may result in su				
25. Equipment and Utensils (FC-4)(590.005)		stablishment permit and				
26. Water, Plumbing and Waste (FC-5)(590,006)		nent operations. If aggrle				
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)		tht to a hearing. Your required to the				
29. Special Requirements (590.009)		itted to the Board of Hea days of receipt of this ord				
30. Other		RE-INSPECTION:	201.			
	DATE OF	TIE-INSPECTION:				
I	4 6 1 1	F)				
Inspector's Signature:	July 1	Hewnous (1 7			
PIC's Signature: With Our Son Prin	" /a Hy	DAW DW	PageofPages			

TOWN OR CITY OF COST NOTE COST OF

Establishment Name:_

Date: S. (9. / 9 Page: _

Date Verified Employee Restriction / Exclusion Emergency Suspension **Emergency Closure** Other: ON C J ٥ Corrective Action Required: Re-inspection Scheduled ■ Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 0 PLEASE PRINT CLEARLY D. 15/10 Discussion With Person in Charge: C - Critical Item
R - Red Item Code Reference Item No.

Form 734 B A.M. Sulkin Co., Charlestown, MA

FOOD ESTABLISHMENT INSPECTION R		Tel	
Name (1)(12, 41) (T	Date	Type of Operation(s) Food Service	Type of Inspection Rouline
Address	Risk	Retall	Re-inspection
	Level	Residentlal Kitchen	Previous Inspection
Telephone		│	Date: Pre-operation
Owner	HACCP: Y/N	Caterer	Suspect Illness
Person in Charge (PIC)	Time In:	☐ Bed & Breakfast	General Complaint HACCP
Inspector Sheyallewoous	Out:	Permit No.	Other
Each violation checked requires an explanation on the n	arrative page(s) and a citation of spec	ific provision(s)
Violations Related to Foodborne Illness Interventions a	nd Dick Factor	n (Pod Home) And Ob-	Non-complianca with
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	d require immed	s (Red Items) Anti-Cho liate corrective 590.009	
		Allergen Awarei	ness 590,009 (G) 🗍
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	☐ 12. Pre	vention of Contamination fro	m Hands
	🗌 13. Har	dwash Facilities	
EMPLOYEE HEALTH	PROTECTIO	N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. App	roved Food or Color Additiv	es
3. Personnel with Infections Restricted / Excluded	☐ 15. Tox	c Chemicals	
FOOD FROM APPROVED SOURCE		RATURE CONTROLS (Potent	ialiv Hazardous Foods)
4. Food and Water from Approved Source		king Temperatures	, , , , , , , , , , , , , , , , , , , ,
5. Receiving / Condition	17. Reh	• '	
☐ 6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coc	· ·	
7. Conformance with Approved Procedures / HACCP Plans		_	
PROTECTION FROM CONTAMINATION		and Cold Holding	
8. Separation / Segregation / Protection		e as a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		INTS FOR HIGHLY SUSCEPTI	
☐ 10. Proper Adequate Handwashing		d and Food Preparation for	H\$P
11. Good Hygienic Practices	CONSUMER		
	LJ 22. POS	ting of Consumer Advisories	
/iolations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected nmediately or within 10 days as determined by the Board	To Foodb	f Violated Provisions R orne Ilinesses intervent Factors (Red Items 1-22	ions
f Health. Non-critical (N) violations must be corrected		der for Correction: Bas	
nmediately or within 90 days as determined by the Board	today, the	items checked indicate vi	olations of 105 CMR
f Health.		ederal Food Code. This re	
23. Management and Personnel (FC-2)(590.003)		l of Health member or its e Board of Health. Fallure	
24. Food and Food Protection (FC-3)(590,004)		report may result in sus	
25. Equipment and Utensils (FC-4)(590.005)	the food es	stablishment permit and o	essation of food
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)		ent operations. If aggriev	
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)		it to a hearing. Your requited to the Board of Healt	
29. Special Requirements (590,009)		ays of receipt of this orde	
30. Other		RE-INSPECTION:	
Inspector's Signature	•	/~>	
PIC's Signature: Print	: 4	Dondread	Page / of Pages
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TOWN OR CITY OF.

Establishment Name:_

Page:_

Date:

Date: Verifie						ON O Ves	Employee Restriction / Exclusion	Emergency Suspension	☐ Emergency Closure	☐ Other:
LAN OF CORRECTION						Corrective Action Required:		☐ Re-inspection Scheduled	□ Embargo	U Voluntary Disposal
Date PLEASE PRINT CLEARLY Verified	Da Junia						W. M. W. W.			
Code C - Critical Item Reference R - Red Item						Discussion With Person in Charge:	MM SAM!)		
No.:						Discus				

Form 734 B A.M. Sulkin Co., Charlestown, MA

FOOD ESTABLISHMENT INSPECTION RE	PORT	Tel	
Name Wobywar St.	Date	Type of Operation(s)	Type of Inspection
Address	S (0 / 9	Food Service	☐ Routine ☐ Re-inspection
	Level	Residential Kitchen	Previous Inspection
Telephone		Mobile	Date:
Owner	HACCP Y/N	│	☐ Pre-operation☐ Suspect Illness
Person in Charge (PIC) KAR 9M	Time	☐ Bed & Breakfast	General Complaint
Inspector Value 1997	in: Out:	Permit No.	HACCP Olher
Each violation checked requires an explanation on the na	1		
violated.	iiiative page(s	y and a challon of speci	Non-compliance with
Violations Related to Foodborne Illness Interventions ar	d Risk Factor	s (Red Items) Anti-Chol	•
Violations marked may pose an imminent health hazard and	require immed	liate corrective 590.009 (I	
action as determined by the Board of Health.		Allergen Awaren	Local Law ☐ ess 590.009 (G) ☐
FOOD PROTECTION MANAGEMENT	☐ 12. Pre	vention of Contamination from	• • •
1. PIC Assigned / Knowledgeable / Duties		ndwash Facilities	
EMPLOYEE HEALTH	_	N FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		roved Food or Color Additive	90
3. Personnel with Infections Restricted / Excluded		c Chemicals	
FOOD FROM APPROVED SOURCE		ERATURE CONTROLS (Potenti	ally Hazardous Fonds)
4. Food and Water from Approved Source		king Temperatures	,,
5. Receiving / Condition	☐ 17. Reh		
6. Tags / Records / Accuracy of Ingredient Statements	☐ 18. Coc	Ī	
7. Conformance with Approved Procedures / HACCP Plans		and Cold Holding	
PROTECTION FROM CONTAMINATION	_	e as a Public Health Control	
8. Separation / Segregation / Protection	· 	INTS FOR HIGHLY SUSCEPTIE	LE POPULATIONS (HSP)
9. Food Contact Surfaces Cleaning and Sanitizing		d and Food Preparation for t	•
10. Proper Adequate Handwashing	CONSUMER		101
11. Good Hygienic Practices	22. Pos	ting of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Mumbere	f Violated Provisions Re	alatad
Items) Critical (C) violations marked must be corrected		orne ilinesses interventi	
mmediately or within 10 days as determined by the Board	and Risk	Factors (Red Items 1-22):
of Health. Non-critical (N) violations must be corrected Immediately or within 90 days as determined by the Board		der for Correction: Base	
of Health.		items checked indicate vio ederal Food Code. This re	
CN		of Health member or its	
23. Management and Personnel (FC-2)(590.003)	order of the	e Board of Health. Failure	to correct violations
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)		report may result in susp	
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		stablishment permit and co ent operations. If aggrieve	
27. Physical Facility (FC-6)(590.007)		nt to a hearing. Your reque	
28. Poisonous or Toxic Materials (FC-7)(590,008)		ited to the Board of Healt	
29. Special Requirements (590,009)	within 10 d	ays of receipt of this orde	r.
30. Other	DATE OF	RE-INSPECTION:	
. 1			
Inspector's Signature: Print:	Sneuni	IAA.	
PIC's Signature: To Sundi Con Print:	of Joseph	Soudiens	PageofPages
The state of the s	11/1	100111111	

TOWN OR CITY OF.

Date Verified Employee Restriction / Exclusion Exclusion Emergency Suspension ☐ Yes Emergency Closure Of. Other. ON D 1. 165 W 1771 W. O. ď Page:_ Corrective Action Required: Re-inspection Scheduled Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 130 ٥ 0 PLEASE PRINT CLEARLY 13 11 Date: 1 Discussion With Person in Charge: Code C - Critical Item
Reference R - Red Item Establishment Name:_ Item No.

Form 734.B A.M. Sulkin Co., Charlestown, MA